

2002 UNIFORM BUSINESS REPORT (UBR)

003680 AV

DOCUMENT # **P94000006709**

1. Entity Name
ACADEMY MOVING & STORAGE, INC.

FILED

02 DEC -3 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
DO NOT WRITE IN THIS SPACE 02

Principal Place of Business
**6580 W 5TH ST
PENTHOUSE I-D
JACKSONVILLE FL 32254
US**

Mailing Address
**6580 W 5 ST
PENTHOUSE I-D
JACKSONVILLE FL 32254
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3224428**
Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOSS, MARVIN I
20801 BISCAYNE BLVD., #506
NORTH MIAMI BEACH FL 33180**

Name **Thomas T. Steele, Esquire**
Street Address (P.O. Box Number is Not Acceptable) **101 East Kennedy Boulevard**
Suite 2800
City **Tampa** **FL** Zip Code **33602**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Thomas T. Steele 11/26/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **ARPIN, DAVID**
STREET ADDRESS **99 JAMES P. MURPHY HWY**
CITY-ST-ZIP **WEST WARWICK RI**

TITLE ☐ Change ☐ Addition
NAME **100008599411**
STREET ADDRESS **10/25/02--01100--007**
CITY-ST-ZIP ****550.00**

TITLE **VPT** ☐ Delete
NAME **ARPIN, PAUL**
STREET ADDRESS **99 JAMES P. MURPHY HWY.**
CITY-ST-ZIP **WEST WARWICK RI**

TITLE ☐ Change ☐ Addition
NAME **100008599411**
STREET ADDRESS **12/03/02--01013--006**
CITY-ST-ZIP ****200.00**

TITLE **VP** ☐ Delete
NAME **CALDWELL, ROBERT E**
STREET ADDRESS **99 JAMES P MURPHY HWY**
CITY-ST-ZIP **WEST WARWICK RI**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** ☐ Delete
NAME **KILLORAN, MICHAEL F**
STREET ADDRESS **99 JAMES P MURPHY HWY**
CITY-ST-ZIP **WEST WARWICK RI 02893**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, title or other like empowered.

SIGNATURE: Michael F. Killoran MICHAEL F. KILLORAN 10/14/02 401-828-8161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)